

RTM Change Request Form

Today's Date: 1/17/97

Authorizing CCR Number: 97-0069

Originator: Carol Chachulski

Schema Impact: ☐ yes ☒ no

Affected RTM Class Name: Level 4

Name of Coordinator: _____ Date Received: _____

General Comment or Instructions:

List of associated text change tables that are attached:

Attachment 1 - Delete FOS Level 4 Requirements

List of associated link change tables that are attached:

Data Entry By: _____ Date Received: _____

Comments:

Type of change	Done or N/A	Date
Text	<input type="checkbox"/> _____	_____
Links	<input type="checkbox"/> _____	_____
CCR Links	<input type="checkbox"/> _____	_____

QA'ed By: _____ Date Received: _____

Comments:

QO check	Done or N/A	Date
Text	<input type="checkbox"/> _____	_____
Links	<input type="checkbox"/> _____	_____
CCR Links	<input type="checkbox"/> _____	_____

QO report attached

☐ yes ☐ no